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AF/2674

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2674, Expedited Procedure

In re Application of:

Docket No. 03500.014218.

MUNEKI ANDO ET AL.

Application No.: 09/484,432

Examiner: A. Abdulsalam

Filed: January 18, 2000

Group Art Unit: 2674

For: IMAGE DISPLAY APPARATUS
AND METHOD

Date: January 16, 2003

COMMISSIONER FOR PATENTS

Box AF

Washington, D.C. 20231

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JAN 22 2003

Technology Center 2600

Sir:

Transmitted herewith is a Supplemental Amendment After Final Action in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 10 | MINUS | ** 60 | = 0 | x \$9 \$18 | \$0 |
| INDEP. CLAIMS | * 2 | MINUS | *** 7 | = 0 | x \$42 \$84 | \$0 |
| Fee for Multiple Dependent claims \$140°/\$280 | | | | | | \$0 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$0 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a ____-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Z.P. Diame
Attorney for Applicants

Registration No. 28, 286

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